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PTO/SB/05 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	OCR-729/756
First Inventor or Application Identifier	John Wood
Title	Glycosylated Indolocarbazole Synthesis
Express Mail Label No.	EL308939123US

**APPLICATION ELEMENTS**  
See MPEP chapter 600 concerning utility patent application contents.

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

- ☒ \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
- ☒ Specification [Total Pages **31**]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- ☐ Drawing(s) (35 U.S.C. 113) [Total Sheets ☐
- Oath or Declaration [Total Pages - ☐ Newly executed (original or copy)
- ☒ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
  - ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

- ☐ Microfiche Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - ☐ Computer Readable Copy
  - ☐ Paper Copy (identical to computer copy)
  - ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

- ☐ Assignment Papers (cover sheet & document(s))
- ☐ 37 C.F.R. § 3.73(b) Statement of Attorney (when there is an assignee)
- ☐ English Translation Document (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- \* Small Entity Statement(s) ☒ Status still proper and desired (PTO/SB/09-12)
- ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
- ☐ Other:

\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:
- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Continuation                      | <input checked="" type="checkbox"/> Divisional | <input type="checkbox"/> Continuation-in-part (CIP) | of prior application No: <b>09 / 206,082</b> |
| Prior application information: Examiner <b>L. Stockton</b> |  | Group / Art Unit: <b>1613</b>                       |  |

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Mary M. Krinsky				
Address	79 Trumbull Street				
City	New Haven	State	CT	Zip Code	06511-3708
Country	U.S.A.	Telephone	203-773-9544	Fax	023-773-1183

Name (Print/Type)	Mary M. Krinsky	Registration No. (Attorney/Agent)	32423
Signature	<i>Mary M. Krinsky</i>	Date	Jan. 13, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)**380.00**

## Complete if Known

Application Number	
Filing Date	January 13, 2000
First Named Inventor	John Wood
Examiner Name	L. Stockton
Group / Art Unit	1316
Attorney Docket No.	OCR-729/756

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **25-0110**

Deposit Account Name **Yale University**

☒ Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.17

2. ☐ Payment Enclosed:  
☐ Check ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Code	Small Entity Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
101	760	201	380	Utility filing fee	\$380
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	760	208	380	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)**380.00**

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	- 20** =	X	
Multiple Dependent	- 3** =	X	

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Code	Small Entity Code	Fee (\$)	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim, if not paid
109	78	209	39	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Code	Small Entity Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	190	Extension for reply within second month	
117	870	217	435	Extension for reply within third month	
118	1,360	218	680	Extension for reply within fourth month	
128	1,850	228	925	Extension for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	760	246	380	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	760	249	380	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

## SUBMITTED BY

Name (Print/Type) **Mary M. Krinsky**

Signature *Mary M. Krinsky*

Registration No. (Attorney/Agent) **32423**

## Complete (if applicable)

Telephone **203-773-9544**

Date **Jan. 13, 2000**

Burden Hour Statement: This form is estimated to take 1.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/29 (2/98)  
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (j))	20	-20* =	0	x \$ _____ =	\$ 0
INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (i))	2	-3** =	0	x \$ _____ =	0
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))				+ \$ _____ =	0
				BASIC FEE (37 C.F.R. § 1.16)	\$760.00
				Total of above Calculations =	\$760.00
Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).					\$380.00
* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.				TOTAL =	\$380.00

6. Small entity status:

- a. ☐ A small entity statement is enclosed, if (b) and (c) do not apply.  
b. ☒ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.  
c. ☐ Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 25 - 0110:

- a. ☒ Fees required under 37 C.F.R. § 1.16.  
b. ☒ Fees required under 37 C.F.R. § 1.17.  
c. ☒ Fees required under 37 C.F.R. § 1.18.

8. ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.

9. ☐ Other: \_\_\_\_\_

**NOTE:**

The prior application's correspondence address will carry over to this CPA  
UNLESS a new correspondence address is provided below.

10. NEW CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

or ☒ New correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Mary M. Krinsky				
Address	79 Trumbull Street				
City	New Haven	State	CT	Zip Code	06511-3708
Country	U.S.A.	Telephone	203-773-9544	Fax	203-773-1183

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)

Mary M. Krinsky

Signature

*Mary M. Krinsky*

Registration No. (Attorney/Agent)

Reg. No. 32423

Date

Jan. 13, 2000